## thumbnail 1inchOHUser Access Request

# Ohio Courts Network

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| Select one of the following: | | | | | | | | | | | | | | | |
|  | New User | | *This person has* ***never*** *had an OCN User ID for any reason through \_ \_ any court or agency.* | | | | | | | | | | | | |
|  | Existing User | | OCN User ID: | | | | *This person* ***already has*** *or* ***previously had*** *an OCN User ID, even if it was through a different court or agency.* | | | | | | | | |
| 1. Applicant Information | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | |  | | | |  | | |  |  |
|  | | Last | | | | | First | | | | M.I. | | | | |
| Title/Role: | |  | | | | | OCN Agency\*: |  | | | | | | | |
| Phone: | | (     ) | | | | | E-mail Address: |  | | | | | | | |
| \*Please provide the full name of the court, jail, or agency through which you are requesting access | | | | | | | | | | | | | | | |
| 2. Data Source Access | | | | | | | | | | | | | | | |
| Select data sources necessary in the applicant’s current position: | | | | | | | | | Juvenile Courts Only | | | | | | |
|  | **Court Case Data**  *(Includes Juvenile Delinquency, Unruly and Traffic Cases.)* | | | | | | | | **\*\*Only Juvenile Courts may select these sources – if either source is selected, this form MUST be signed by the Judge\*\*** | | | | | | |
|  | **BMV** | | |  | **In-state Criminal History** | | | |  |  | | **Sensitive Juvenile Case Data** *(Abuse, Neglect, and Dependency Cases)* | | | |
|  | **ODRC** | | |  | **Jail Booking Data** | | | |  |
|  | **Probation Data** | | |  | **Protection Orders** | | | |  |  | | **DYS Reports** | | | |
| 3. Terms and Conditions | | | | | | | | | | | | | | | |
| By my signature below, I certify the accuracy of the above information and agree to each of the following:   * I will not give OCN access capabilities, including my password, to anyone for any reason. * I will submit an update when the above information changes or my access needs change. * I will not use the OCN portal to respond to public requests for records or information. * I will only use the OCN for official purposes and not for personal purposes or personal gain. * I will comply with all other applicable laws, rules, and policies regarding the use of information obtained from the OCN. * I understand that any violation of these terms and conditions shall result in immediate revocation of access to the OCN. * I understand my use of the OCN may be monitored or audited by various means, which may occur without prior notice. * I understand my misuse of information obtained from the OCN may result in appropriate administrative or legal action. | | | | | | | | | | | | | | | |
|  | Applicant’s Signature | | | | | | | | | | | | Date | | |
| 4. Authorized Signature | | | | | | | | | | | | | | | |
| I authorize that this applicant be provided access to the OCN and affirm the applicant serves in the role indicated and has a valid legitimate need to access the requested data sources. | | | | | | | | | | | | | | | |
|  | OCN Coordinator (or Juvenile Court Judge)\* Signature | | | | | | | | | | | | Date | | |
|  | OCN Coordinator (or Juvenile Court Judge)\* Printed Name | | | | | | | | | | | |  | | |
| *\* Juvenile Court Judge’s signature is required if “Sensitive Juvenile Case Data” and/or “DYS Reports” is selected above.* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Return scanned, signed and completed forms to:  **OCNHelp@sc.ohio.gov** | | | | | |  | | | | |  | | | | |